



STATE OF MARYLAND

DMMH

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February 10, 2012

Public Health & Emergency Preparedness Bulletin: # 2012:05 Reporting for the week ending 02/04/12 (MMWR Week #05)

CURRENT HOMELAND SECURITY THREAT LEVELS

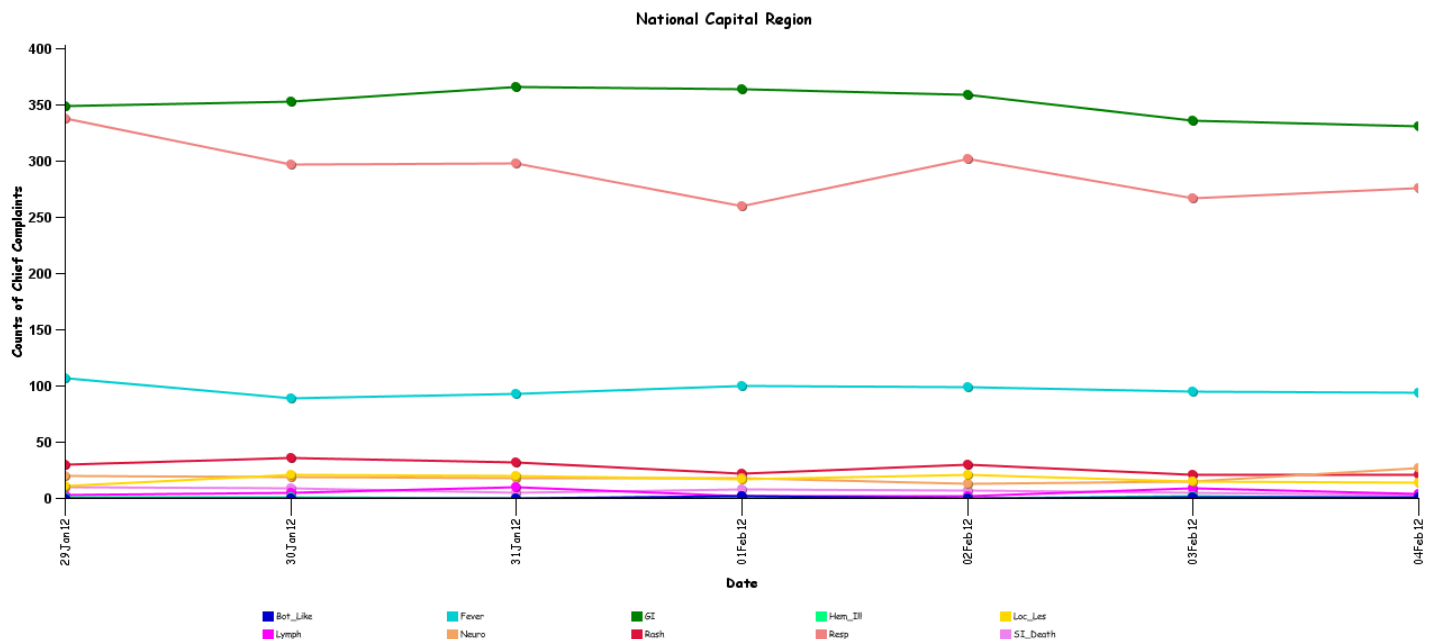
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

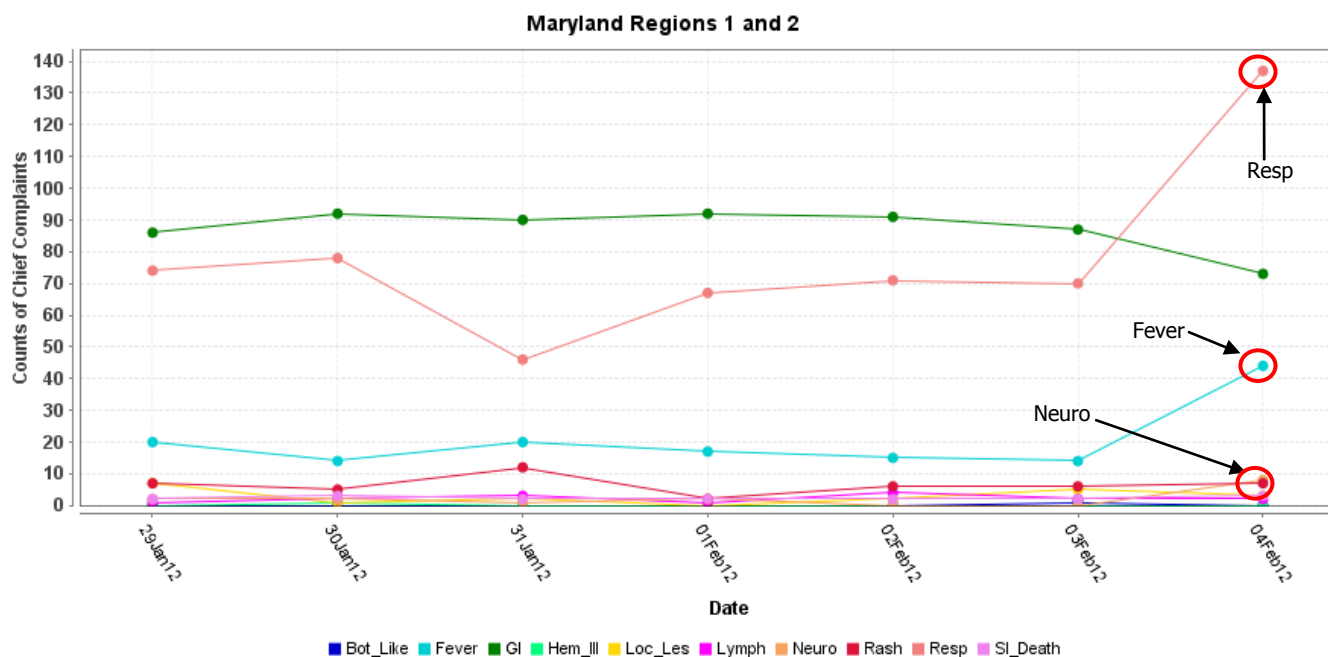
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

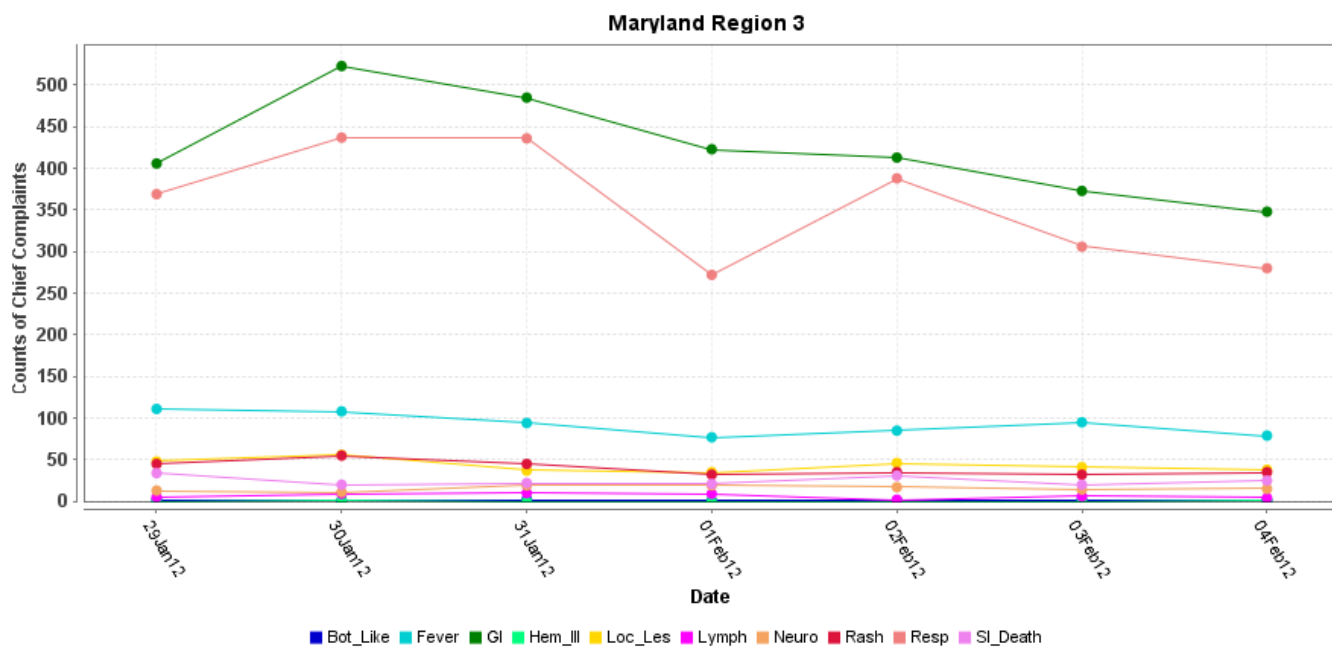


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

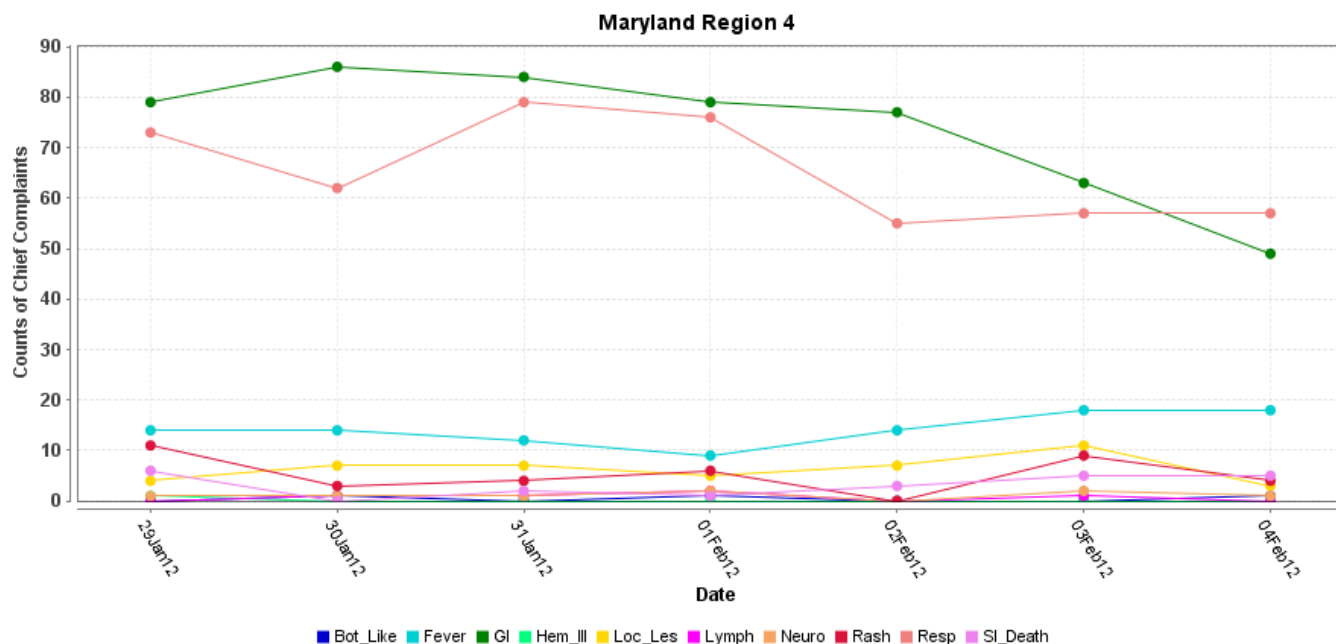
MARYLAND ESSENCE:



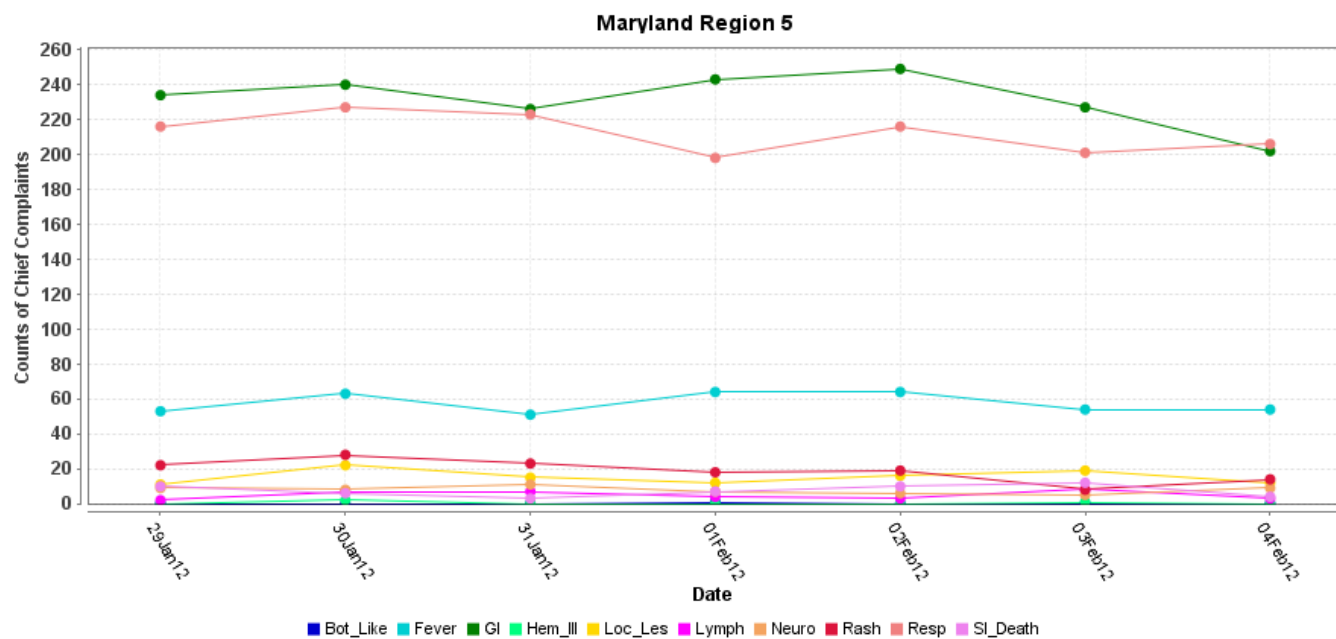
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

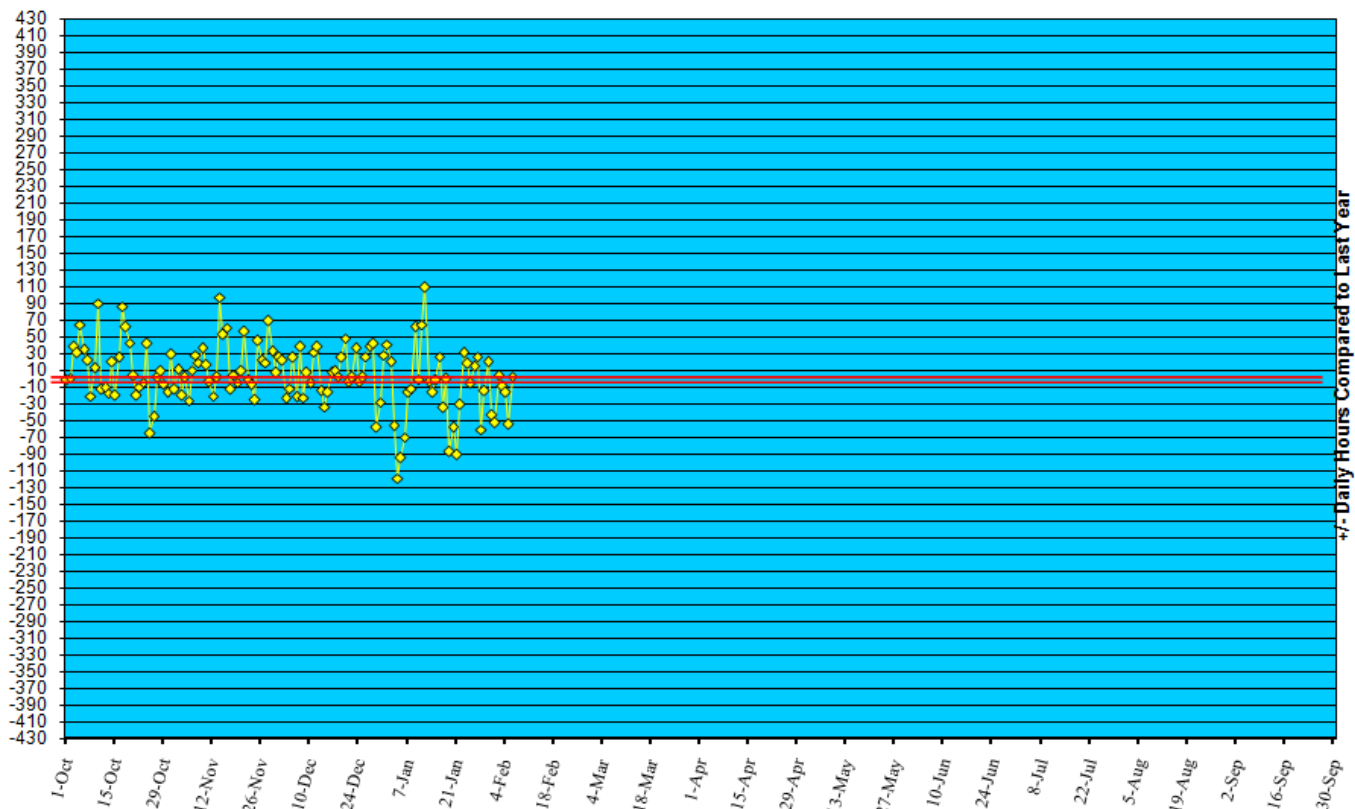


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '11 to February 4, '12



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in January 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:

New cases (January 29 – February 4, 2012):

Prior week (January 22 – January 28, 2012):

Week#4, 2011 (January 30 – February 5, 2011):

Aseptic

5

12

8

Meningococcal

0

0

0

16 outbreaks were reported to DHMH during MMWR Week 5 (January 29 – February 4, 2012)

14 Gastroenteritis outbreaks

- 6 outbreaks of GASTROENTERITIS in Nursing Homes
- 6 outbreaks of GASTROENTERITIS in Assisted Living Facilities
- 1 outbreak of GASTROENTERITIS in an Institution
- 1 outbreak of GASTROENTERITIS in a Hospital

2 Respiratory illness outbreaks

- 1 outbreak of ILI/PNEUMONIA in a Nursing Home
- 1 outbreak of INFLUENZA in a Nursing Home

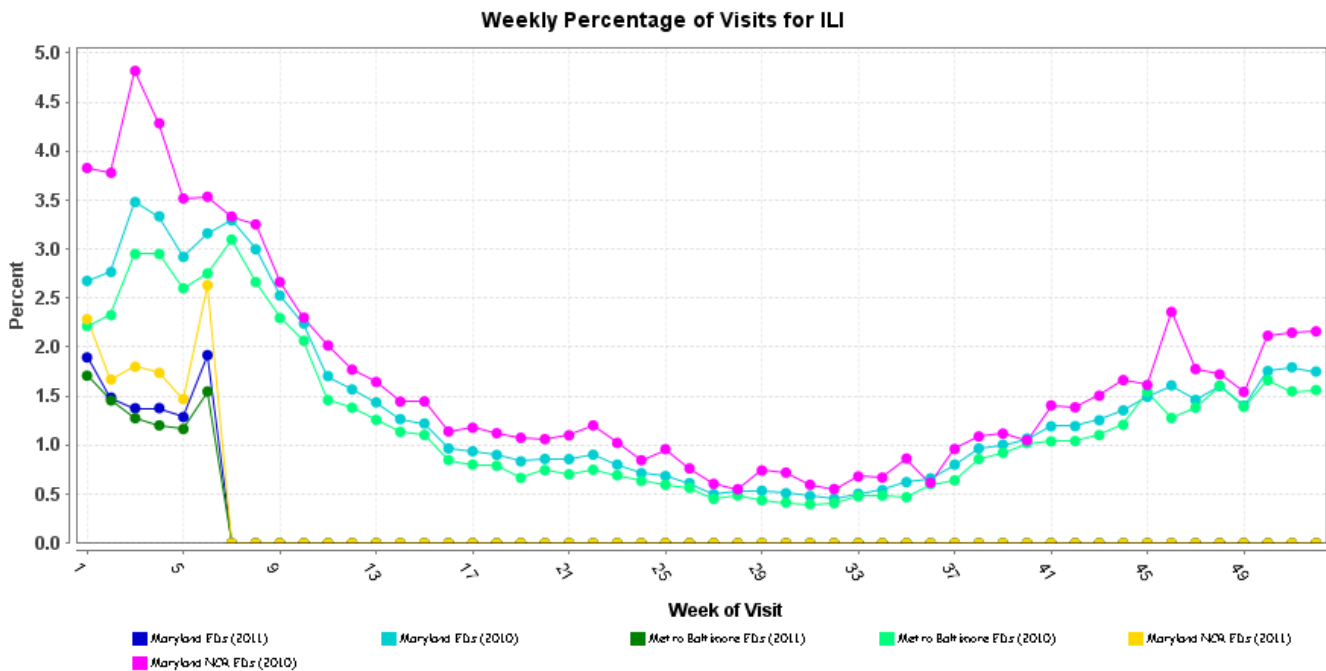
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 5 was: No activity, Minimal Intensity.

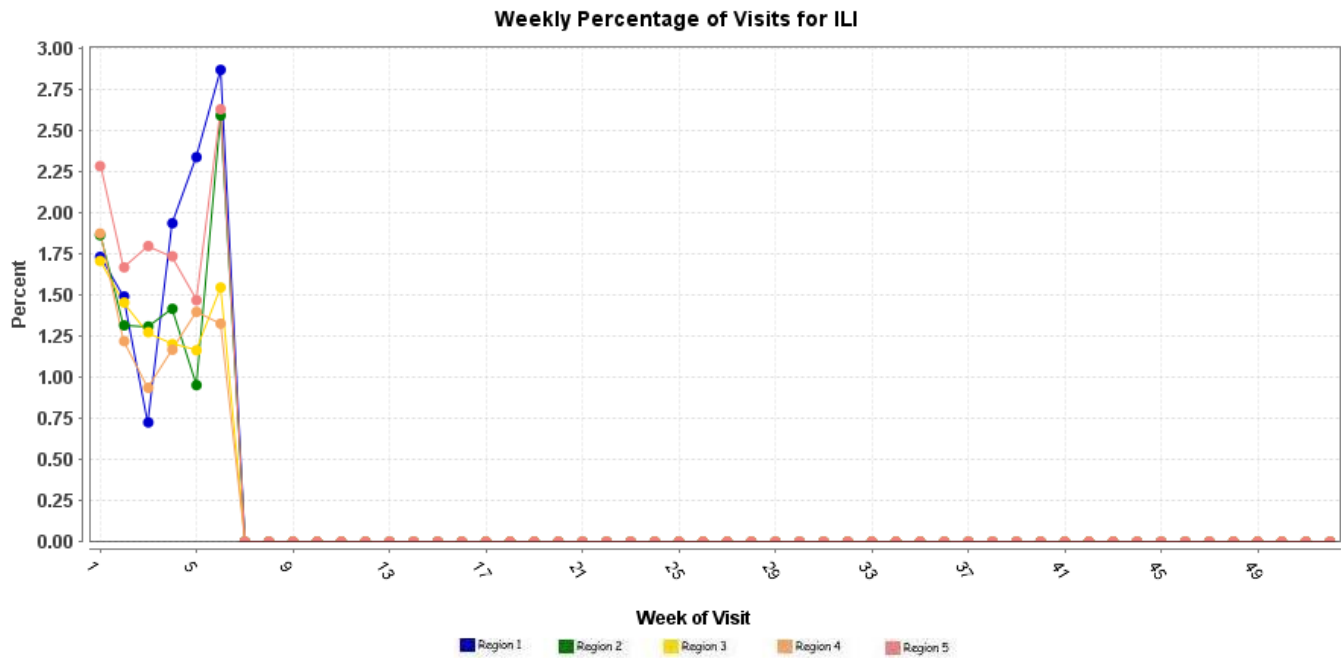
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



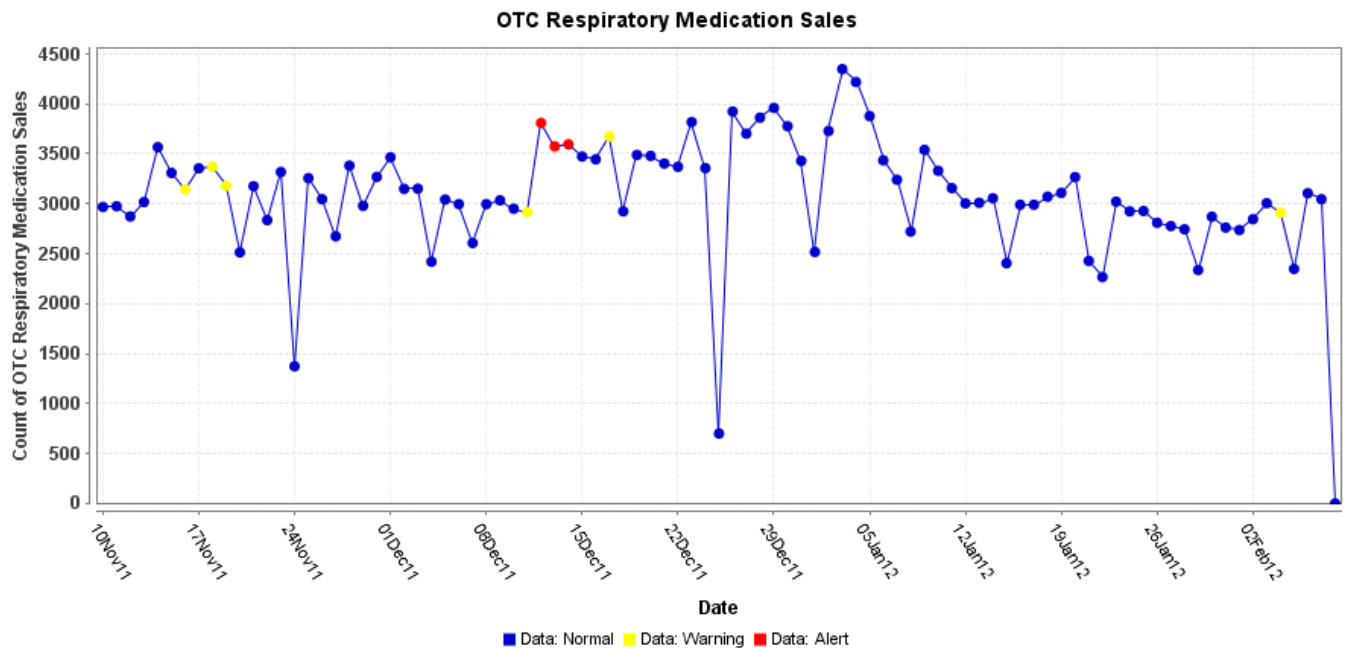
* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

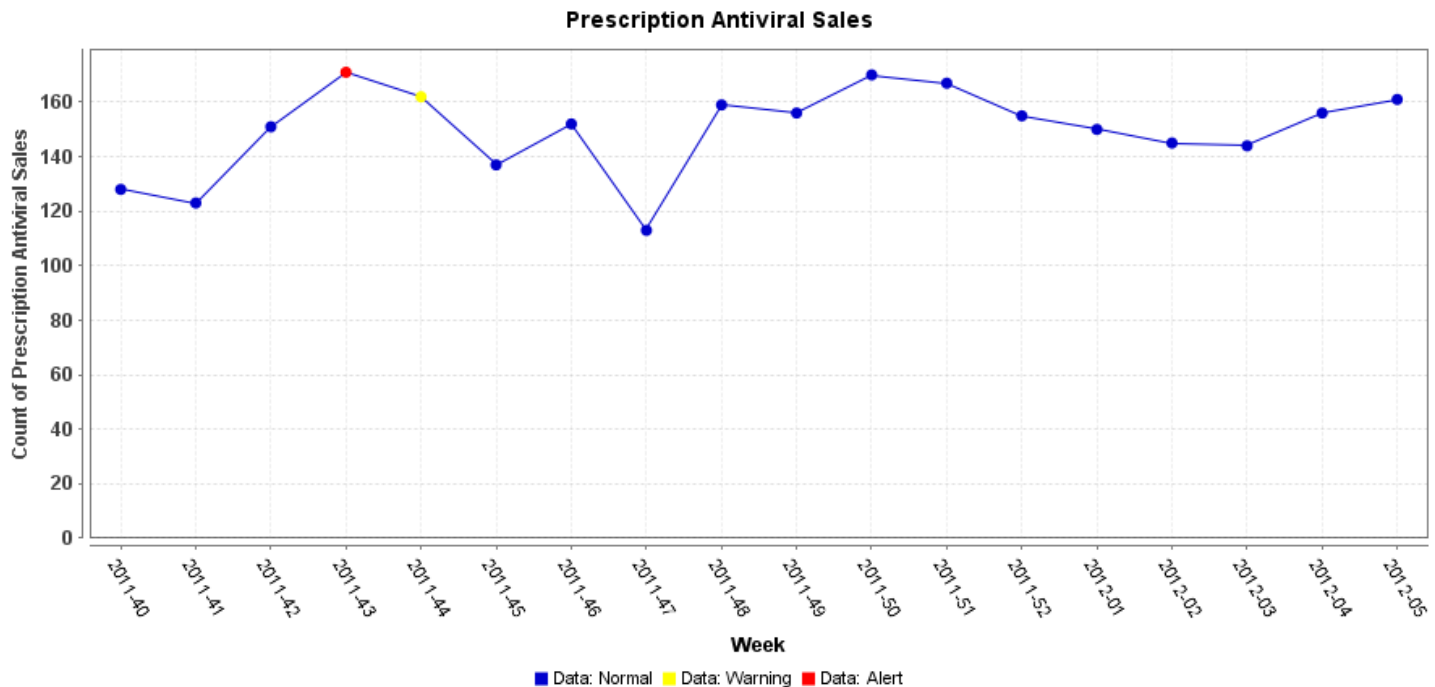
OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PRESCRIPTION ANTIVIRAL SALES:

Graph shows the weekly number of prescription antiviral sales in Maryland.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of January 24, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 583, of which 344 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS

CAMPYLOBACTERIOSIS (PENNSYLVANIA): 31 January 2012, Pennsylvania now says 20 people have been sickened by campylobacteriosis that may be related to raw milk from a Chambersburg-area farm. All of the people who are sick had consumed milk from the farm, called The Family Cow. But the state was still awaiting test results to determine if the milk is the cause of the illness. The illnesses involve 16 people from Pennsylvania and 4 from Maryland. They began getting sick about 2 weeks ago and some needed hospital care. The Family Cow produces milk sold at The Healthy Grocer in Hampden Township, and also serves customers at a Cumberland County drop off location. The company voluntarily stopped selling milk, but has said independent tests found no harmful bacteria in raw milk from The Family Cow. Raw milk is milk that hasn't undergone the normal pasteurization process intended to kill germs. Some people prefer raw milk because of their belief that it's healthier than normal milk. But health officials warn that raw milk can carry assorted germs that cause illness, and also say there are no proven health benefits of drinking raw milk. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

BOTULISM (USA): 1 February, 2012, W & International Import Inc. is recalling "Rely" Sardine Anchovies because the product was found to be unviscerated. The recalled "Rely" Sardine Anchovies were distributed nationwide in 7.0 oz. plastic packages and are a product of China. The "Rely" Sardine Anchovies were sampled by a New York State Department of Agriculture Food Inspector during inspection. Subsequent analysis of the product by New York State Food Laboratory personnel confirmed that the "Rely" Sardine Anchovies were not properly eviscerated prior to processing. The sale of unviscerated fish is prohibited under New York State Agriculture and Markets regulations because *Clostridium botulinum* spores are more likely to be concentrated in the viscera than any other portion of the fish. Unviscerated fish have been linked to outbreaks of botulinum poisoning. No illnesses have been reported to date in connection with this problem. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

CAMPYLOBACTERIOSIS (MARYLAND): 2 February 2012, The Maryland health department has found bacteria in 2 bottles of raw milk produced at a farm near Scotland. Meanwhile, the number of people sickened in the *Campylobacter* outbreak on Thu 2 Feb 2012 grew to 35 in 3 states, 28 confirmed cases in Pennsylvania, 4 in Maryland, and one in New Jersey, according to the Pennsylvania Department of Health. The outbreak started on Fri 27 Jan 2012 with the report of 6 cases. The Maryland Department of Health and Mental Hygiene Laboratories Administration has confirmed the presence of *Campylobacter jejuni* in 2 unopened raw milk samples purchased from The Family Cow farm, according to a department news release issued on Wed 1 Feb 2012. Prior to the announcement from the Maryland health department, farm owner Edwin Shank sent an e-mail to customers. He said the farm family was proceeding as if a pathogen had been found in the milk. The final test results of samples taken at the farm by the Pennsylvania Department of Health on Friday and Monday [27 and 30 Jan 2012] may be available on 3 Feb 2012, according to Agriculture Department Press Secretary Samantha Krepps. The health departments advise consumers to discard any of "The Family Cow" raw milk purchased since 1 Jan 2012. The farm voluntarily suspended the sale of milk on 31 Jan 2012, and the product remains unavailable. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

FOODBORNE ILLNESS (CAYMAN ISLANDS): 30 January 2012, Government officials have confirmed that at least 20 people may have been affected by food poisoning just hours after attending the 2012 Taste of Cayman event at Camana Bay on Saturday evening, 28 Jan 2012. Patients began arriving at the Cayman Islands hospital after attending the food festival complaining of diarrhea, nausea, vomiting, and abdominal cramps from around midnight on Saturday night. Dr Kiran Kumar said the food poisoning symptoms came 4 to 6 hours after consumption of food at the event. Based on the symptoms, the public health boss said this pointed to a staphylococcal origin, an organism that is widely prevalent, which multiplies and produces toxin. Officials have not yet been able to trace the source of the bug but Dr Kumar said tests could be done on leftover suspected food. "The suspected food or foods involved will be based on a common thread of usage by the patients," he said. "It is difficult to pinpoint due to many persons who ate specific food and did not get sick and people who have eaten at many vendors." It is understood that most of the patients recovered quickly and were released from hospital without any further adverse consequences. Public health officials said several more people are understood to have taken ill but they did not seek treatment or attended private surgeries. One confirmed case was also reported at the Chrissie Tomlinson Hospital. The annual food extravaganza organized by the Cayman Islands Tourism Association [CITA] attracted more than 5000 people this year and was the biggest in the event's history. CITA Executive Director, Jane van der Bol, said over 43 food and beverage vendors attended and it was unfortunate to hear that people were reported with food poison symptoms. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (PAKISTAN): 1 February 2012, Parcel sent from Jamshoro district, Pakistan's biggest city used by the United States to ship supplies to troops in Afghanistan; Police still investigating how and why a parcel containing anthrax was sent to the prime minister's official residence in Islamabad. It appeared to be the 1st reported case of anthrax sent to a government office in Pakistan, a nuclear-armed country of 174 million that is battling a Taliban insurgency and where Al-Qaeda chief Osama bin Laden was shot dead. "The parcel containing anthrax powder was sent last month, about 20 days ago. After the laboratory test confirmed that the parcel contained anthrax we registered a case against unknown people," said police officer Hakim Khan. There was no immediate confirmation from the prime minister's house, which lies in the heavily secured secretariat area of the capital Islamabad. Neither was it immediately clear who was responsible, or how they could have accessed anthrax, of any quality, in Pakistan. Police said the parcel was posted from the Jamshoro district in southern province Sindh, the capital of which is Karachi -- Pakistan's biggest city used by the United States to ship supplies to troops fighting in Afghanistan. "We have sent a police team to investigate it and to find the culprits there," said Khan, an officer at the secretariat police station. But in Jamshoro, 180 kilometres (113 miles) northeast of Karachi, police said they had not been informed by Islamabad of any anthrax delivery, instead finding out through local media reports. "We have not yet received any instructions from the government to investigate this matter," local police official Bashir Ahmed told AFP. "We have asked the local post office protectively to check their records to know about the sender. We can't say how long it will take to complete the investigation. We expect a quick result if the sender's identity is not fake." In November 2001, police arrested two men suspected of sending a letter containing anthrax to Pakistan's largest newspaper, Jang. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (SPAIN): 1 February 2012, At least 9 British pensioners have received hospital treatment for Legionnaires' disease after a stay at Spanish hotel, it has been reported. A 76-year-old man is in an intensive care unit at the Benidorm Clinic; 2 more are being treated on regular wards while a 4th has already been allowed home. Dr Delfin Arzu from the clinic said: "4 British holidaymakers were admitted with symptoms of pneumonia and tests have confirmed Legionnaires' disease." 5 more pensioners were treated in UK hospitals after suffering symptoms when they returned home from Spain. They all fell ill after holidaying at the 4-star AR Diamante Beach hotel in Calpe, on the Costa Blanca, local journalist Tom Worden told Sky News. Legionnaires' disease is a potentially fatal form of pneumonia most likely to affect the elderly or ill. People catch the disease by inhaling small droplets of water from the air that contain the bacteria. A spokesman for travel agent Saga said holidaymakers were moved to another nearby hotel after the cases were reported and a British scientist was sent to investigate the suspected outbreak. The scientist found no trace of the bug in the hotel but he did recommend some changes to the plumbing. A spokeswoman for the Alicante health authority said: "Once the alert was raised the entire water and sanitation structure of the hotel was cleaned. As the incubation period is 10 to 12 days we cannot rule out new cases in the next few days." (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (SCOTLAND): 2 February 2012, Watermelons could be the cause of 5 Scottish cases of salmonellosis, which have been linked to a UK-wide outbreak, health officials have said. Since December 2011, there have been 30 more cases than usual of the *Salmonella* [enterica_ serotype] Newport infection across the UK. 4 of the 5 infections in Scotland were in children under 6 years old, while the 5th patient was an adult. The same strain has also been found in the Republic of Ireland and Germany, Health Protection Scotland (HPS) said. Investigations into the source of the outbreak are continuing, but HPS said no new cases had been reported in Scotland since the 1st week of January 2012. Dr John Cowden, consultant epidemiologist at HPS, said: "Although it's too soon to say with certainty what the likely cause of infection is, early indications from cases across the UK suggest that a number of people became unwell after eating watermelon. "It's important to remember that many thousands of watermelons are eaten every day and the risk of becoming unwell after eating watermelon is very low. These cases only represent a very small proportion of total consumption. It is always advisable to wash fruits and vegetables, including watermelon, before consumption to reduce the risk of possible illness." Dr Cowden added: "As soon as any particular producer or distributor of infected watermelons has been identified, steps will be put in place to inform the public and remove any affected items from the food chain." (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website:
<http://preparedness.dhmf.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmf.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	<p>ACUTE condition that may represent exposure to botulinum toxin</p> <p>ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy.</p> <p>ACUTE descending motor paralysis (including muscles of respiration)</p> <p>ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.</p>	Botulism
Hemorrhagic Illness	<p>SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola</p> <p>ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF</p> <p>ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria</p>	VHF
Lymphadenitis	<p>ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)</p>	Plague (Bubonic)
Localized Cutaneous Lesion	<p>SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia</p> <p>ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia</p> <p>INCLUDES insect bites</p> <p>EXCLUDES any lesion disseminated over the body or generalized rash</p> <p>EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease</p>	Anthrax (cutaneous) Tularemia
Gastrointestinal	<p>ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract</p> <p>SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis</p> <p>ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea</p> <p>EXCLUDES any chronic conditions such as inflammatory bowel syndrome</p>	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	<p>ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media)</p> <p>SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus</p> <p>ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis</p> <p>ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain</p> <p>EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE <i>acute exacerbation</i> of chronic illnesses.)</p>	<p>Anthrax (inhalational)</p> <p>Tularemia</p> <p>Plague (pneumonic)</p>
Neurological	<p>ACUTE neurological infection of the central nervous system (CNS)</p> <p>SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis</p> <p>ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS</p> <p>ACUTE non-specific symptoms of CNS infection such as meningismus, delirium</p> <p>EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's</p>	Not applicable
Rash	<p>ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs)</p> <p>SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox</p> <p>ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem</p> <p>EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheic dermatitis, rosacea</p> <p>EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema</p>	Smallpox
Specific Infection	<p>ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal)</p> <p>INCLUDES septicemia from known bacteria</p> <p>INCLUDES other febrile illnesses such as scarlet fever</p>	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Fever	<p>ACUTE potentially febrile illness of origin not specified</p> <p>INCLUDES fever and septicemia not otherwise specified</p> <p>INCLUDES unspecified viral illness even though unknown if fever is present</p> <p>EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome</p>	Not applicable
Severe Illness or Death potentially due to infectious disease	<p>ACUTE onset of shock or coma from potentially infectious causes</p> <p>EXCLUDES shock from trauma</p> <p>INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births</p> <p>EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths</p>	Not applicable